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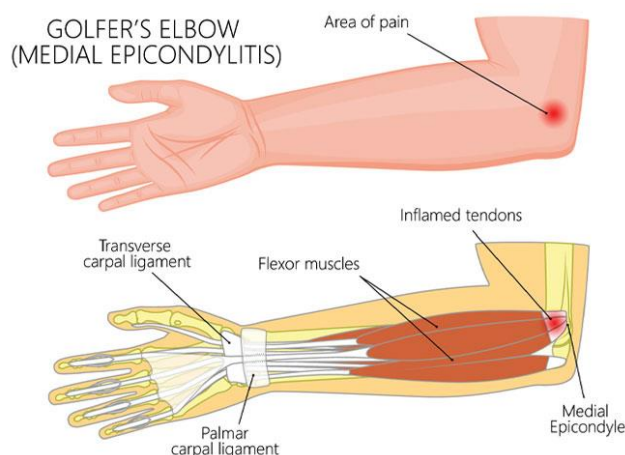
Personal • Precise • Proven • Shoulder to Finger

GOLFERS ELBOW

This leaflet provides general information to help you understand Golfers Elbow and the available treatment options.

Most people who have Golfers Elbow do not need surgery.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

Practice Locations

- 📍 LIPS Healthcare London
- 📍 Spire Alexandra Hospital Chatham
- 📍 Practice Plus Group Gillingham

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Anatomy of the Elbow

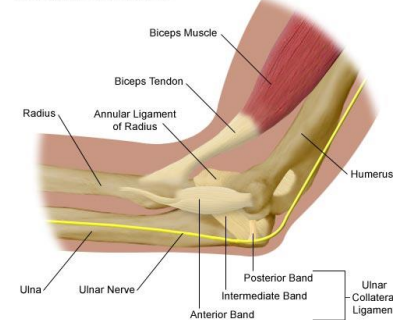
The elbow is a hinged joint connecting the upper arm to the forearm, relying on several structures for stability and movement:

How the Elbow Works

The joint connects:

- **Humerus** – upper arm bone
- **Radius and Ulna** – forearm bones

Anatomy of the Elbow



Stability

Maintained by the shape of the bones and collateral ligaments on each side.

Nerve Considerations

- **The ulnar nerve** runs behind the inner elbow (medial epicondyle).
- **Bone spurs (osteophytes)** can compress this nerve, causing numbness, tingling, or weakness in the ring and little fingers.

What Is Golfers Elbow?

Golfer's elbow is a condition that causes pain and tenderness on the inner side of the elbow. It involves the tendons that attach your forearm muscles to the bony bump on the inside of your arm. These muscles are responsible for bending your wrist down (flexion) and gripping objects.

While it is common in golfers, it frequently affects people involved in repetitive manual work, weightlifting, or racquet sports.

Common Problems & Presentation

Like Tennis Elbow, this is often a degenerative “wear and tear” condition as the tendon becomes thickened and strained from repetitive use:

- **Pain Location:** tenderness on the firm bony bump on the inside of the elbow.
- **Radiation:** pain may travel down the inside of the forearm toward the wrist.
- **Nerve Symptoms:** the ulnar nerve passes nearby, so you may feel “pins and needles” in your ring and little fingers.
- **Stiffness:** difficulty fully straightening the wrist or elbow, especially in the morning.

What Causes It?

- **Overuse:** repeatedly bending the wrist or gripping tightly (hand tools, gardening, or lifting).
- **Technique:** poor form in sports like golf (hitting the ground) or tennis (heavy topspin serves).
- **Sudden Strain:** a single forceful movement that overstretches the inner elbow tendons.

Risk Factors

- **Occupations:** plumbers, carpenters, and construction workers.
- **Lifestyle:** activities requiring a strong grip or repetitive wrist snapping.
- **Health Factors:** smoking and poor nutrition can slow the body's ability to repair the tendon.

Symptoms

You may notice pain when:

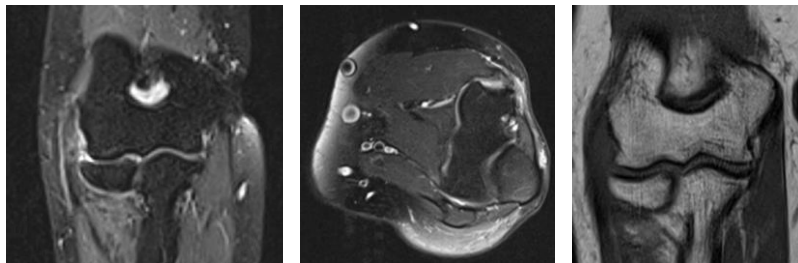
- Bending your wrist toward your palm (flexion).
- Shaking hands, turning a doorknob, or carrying a heavy bag.
- Squeezing a ball or making a tight fist.

Diagnosis

Diagnosis is primarily based on clinical history and physical examination. Investigations (if required):

- **X-Ray:** to rule out arthritis or bone abnormalities.
- **MRI:** evaluates soft tissue damage.
- **Electromyography (EMG):** checks for nerve entrapment.

Example imaging:



Conditions That Can Mimic Golfers Elbow

During your consultation, we perform specific tests to rule out other causes of arm pain, such as:

- **Referred Pain from the Neck:** a pinched nerve in your neck can send “shooting” pains down into your elbow.
- **Nerve Entrapment:** the ulnar nerve passes very close to the elbow; if compressed, it can feel very similar.
- **Joint Issues:** wear and tear (arthritis) inside the elbow joint itself rather than the tendons.
- **Radiating Pain:** issues in the shoulder or carpal tunnel (wrist) can change the way you move, straining your elbow.

Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — this shared decision-making process ensures you are fully informed and involved in your care.

Plan A — Non-Surgical

Many people improve with

- **Activity Modification:** identifying and adjusting the movements that trigger your pain.
- **Physiotherapy:** specialised “Eccentric” exercises to strengthen the tendon.
- **Bracing:** a forearm strap worn during the day to “offload” pressure on the elbow.
- **Shockwave Therapy:** using sound waves to stimulate the body's natural healing.
- **PRP Injections:** using your own blood products to promote repair.

Plan B — Surgical

Reserved for severe, resistant cases

- **Open Surgery:** a traditional approach to remove damaged tendon tissue.
- **Arthroscopic Surgery:** a “keyhole” technique to release and repair the tendon.
- **When:** considered after 6–12 months of Plan A without improvement.

PRP Focus: I have a particular interest in PRP (Platelet Rich Plasma) therapy. Having experienced the benefits of this treatment myself, I can speak first-hand to how effective it can be when combined with the right rehab.

Post-Surgery: Most patients return home the same day. You will follow a structured rehab program to gradually restore your grip strength and range of motion.

Non-surgical treatment in practice:



Important Things to Remember

- Golfers Elbow is not dangerous
- Many people improve without surgery
- Surgery is optional
- Doing nothing is always an option

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I choose not to have surgery?

Book or Enquire Directly at Each Site

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